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CONFIRMATION NO. 1417

<b>SERIAL NUMBER</b> 10/663,187	<b>FILING OR 371(c) DATE</b> 09/15/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 02351.0007.NPUS01
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## APPLICANTS

M. Kent Shellenberger, Sequim, WA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/410,399 09/13/2002 *SM*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 12/09/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 0	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

## ADDRESS

26694

## TITLE

Method of treating tremors

<b>FILING FEE RECEIVED</b> 1280	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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